

CLAIM AGAINST THE OCEANSIDE UNIFIED SCHOOL DISTRICT

Government Code Section 911.2 requires that claims be filed within six (6) months following the date of the incident(s) leading to the claim.

PRINT OR TYPE:

Name of Person Filing Claim (must be an adult)

on Behalf of

Street Address

Home Phone

City

Zip Code

Business Phone

INFORMATION ABOUT CLAIM

1. _____
Date **Time** **Location**

2. Give a full description of the event(s)/circumstance(s) and identify the specific individuals(s), act(s), and/or omission(s) that you believe created the situation:

3. The amount of the claim is \$_____. Attach all supporting documents such as photographs, diagrams, bills, police reports, accident reports, etc.

NAME ANY WITNESS(ES):

_____ Phone Number _____
_____ Phone Number _____

Except for those statements based upon information or belief, I declare under penalty of perjury that the foregoing is true and correct. (Under Penal Code Section 72, it is a criminal offense to file a false claim.)

Date: _____ By: _____
Signature of Person Filing Claim

Distribution: **White:** OUSD **Yellow:** OUSD **Pink:** Claims Administrator **Gold:** Claimant